Riley County-Manhattan Health Department 2030 Tecumseh Road, Manhattan, KS 66502 (785) 776-4779, ext. 278

APPLICATION FOR SITE EVALUATI PROFILE PERCOLATION TES		Profile/Site Eval Date Paid Enc# Percolation Test Date Paid	\$150.00 id
Work Phone:		Enc#	
Home Phone:			
Name of applicant:			
Present mailing address:(Street)		(City)	(Zip)
Legal description of property (copy may be attached			
Street address of property (if available):			
Directions to property:			
Lot size: acres			
In making this application, I understand that my re	sponsibilities include th	e following:	
 Pay the appropriate fee. Arrange for contractor to Department sanitarian ca If perc test is necessary, diameter. Provide access to the pro- 	an be present during dig provide four postholes,	ging. which are 2 feet deep and	
I also understand that percolation tests are schedule weather conditions.	ed on a "first come, firs	t served" basis and may b	e delayed by
Date: Signature of	Applicant		

Log #_____